



MISSISSIPPI FARMERS MARKET

**MS Farmers Market  
Farmer Application 2023**

Name: \_\_\_\_\_  
County of Operation: \_\_\_\_\_  
Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Facebook Address \_\_\_\_\_  
Website Address: \_\_\_\_\_

Please indicate which products you plan to sell:

- ☐ Fruits/Vegetables    ☐ Eggs    ☐ Honey    ☐ Dairy  
☐ Meat    ☐ Other \_\_\_\_\_

Please identify your farm's size category in terms of acres in production:

\_\_\_ Over 100    \_\_\_ From 50-100    \_\_\_ From 1-49    \_\_\_ Less than 1

Fruits/Vegetables

Please list the crops you plan to grow this year and estimated acreage (or units):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What are your estimated planting dates? \_\_\_\_\_

What are your estimated harvesting dates? \_\_\_\_\_

Other Farm-Raised Products

Please list specific items that you plan to sell here this year. (ex: milk, butter, eggs, honey)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PLEASE ATTACH A COPY OF ALL REQUIRED PERMITS TO THIS APPLICATION**  
**This paperwork will remain on file with the Market Manager.**

Will another individual(s) represent you or operate your space in your absence? If yes, please list their name(s) and contact information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other vendors with whom you may share stall space (must be other certified growers).\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List other Mississippi farmers with whom you may co-op and sell farm products for. These farmers must be certified and will also receive a farm visit from Market staff.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By my signature on this form, I hereby consent to all the terms of this certification and agree to abide by all rules and policies of the State of Mississippi, the Mississippi Department of Agriculture and Commerce, and the MS Farmers Market.*

_____	_____
Applicant's Signature	Date

**Confirmed and Certified by:**

_____	_____	_____
Signature	Title	Date

**Patrick Duckworth:** Manager, MS Farmers Market 929 High Street Jackson, MS 39202